

The City of Scattle

Ballard Avenue Landmark District Board

700 Third Avenue · 4th floor · Scattle Washington 98104 · (206) 684 · 0228

APPLICATION FOR CERTIFICATE OF APPROVAL

Please read the attached Application Instructions carefully before completing the application form.

IMPORTANT NOTE: ALL ITEMS MUST BE COMPLETED OR THE APPLICATION CANNOT BE CONSIDERED. PLEASE REVIEW THE ATTACHED INSTRUCTIONS FOR A LIST OF MATERIALS TO BE SUBMITTED WITH THIS APPLICATION FORM.

Date Submitted:		
Business Name:		
Business Address:		
Building Name:		
Applicant/Owner'sName:		_Phone #
Mailing Address:		City/Zip Code:
Applicant Representative:		Phone #
Representative Address:		
**************************************	********	********
* Approval Requested for:		
[] Street Use Permit[] Painting[] Facade Alteration		

ertificate of Approval Fee:	Date Paid:
1 0	aga if nagagamy):
ompleted description of proposal (use more sp	ace if necessary):
pplicant signature:	Date:
operty owner's signature/consent:	Date:
roperty owner's name (printed):	
operty owner's mailing address:	

Contact the Ballard Avenue Landmark District Board Coordinator at 684-0229 if there are any questions regarding the application.

Please review the attached Instructions for a list of materials to be submitted with your application. Incomplete applications will not be scheduled for Board review.